

12-19-03

Docket No: AM100317
Patent

1624

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Sabb et al.
Application No.: 10/016,743 Group Art No.: 1624
Filed: November 2, 2001 Examiner: B. Coleman
For: Cyclohepta[b][1,4]Diazepino[6,7,1-hi]Indoles And Derivatives
Confirmation No.: 5417
Customer Number: 25291

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

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DEC 24 2003

TECH CENTER 1600/2900

Sir:

AMENDMENT TRANSMITTAL LETTER

1. Enclosed please find the following documents for the above-identified application:
- Amendment and Response to Office Action mailed on August 22, 2003; and
 - Supplemental Information Disclosure Statement with Form PTO1449 and references.

PETITION FOR EXTENSION OF TIME

2. (a) Applicant petitions for an extension of the time for the total number of months checked below:

<input checked="" type="checkbox"/>	One Month.	Fee in the amount of	\$	110.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$	420.00
<input type="checkbox"/>	Three Months.	Fee in the amount of	\$	950.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,480.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	2,010.00

CERTIFICATE OF MAILING 37 CFR §1.10

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EU947815714US addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

December 18, 2003
Date

Paula L. Dickey
Paula L. Dickey

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110.00 DA

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.

OR

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Extension fee due with this request: \$110.00

FEE FOR CLAIMS

3. The fee for claims has been calculated as shown below:

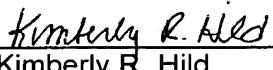
CLAIMS AS AMENDED					
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) HIGHEST NUMBER PAID FOR	(4) NUMBER EXTRA x RATE		(5) ADDITIONAL FEE
TOTAL CLAIMS	7	20	0	X \$ 18.00	0.00
INDEPENDENT CLAIMS	1	3	0	X \$ 86.00	0.00
MULTIPLE DEPENDENCY FEE				\$ 290.00	
Total Amendment Fee:					\$0.00

- ☒ No additional fee for claims is required.
☐ Total additional fee for claims required: \$0.00.

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4. Method of Payment of Fees:
Charge Deposit Account No. 01-1425 in the amount of: \$110.00.
A duplicate of this transmittal is attached.
5. Instructions as to Overpayment:
Credit any overpayment to Deposit Account No. 01-1425.
6. Authorization to Charge Additional Fees
☒ If any additional extension and/or fee for claims is required, charge
Account No. 01-1425.

Respectfully submitted,



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